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ABSTRACT

During psychotherapeutic work, couples typically present distinctly contradictory stories about their life together. This paper explores how a psychotherapist may promote mutually beneficial change for couples who contradict each other. One suggested tactic is a non-impositional approach to therapy using a narrative-oriented context. Such a tactic offers a conceptual point of reference for the therapist and the couple as they search for common ground. This orienting concept, called "preferred view," assumes that problems between people develop from the mishandling of ordinary difficulties which often arise during key transition points. These subsequent disjunctive perspectives create problems which cause views of self and others to become increasingly fixed and which leads to more restricted actions. The narrative common ground is obscured because each person holds a jaundiced view of the other. By understanding a problem's evolution, the therapist may develop a strategy for resolution. The therapist may then expand the narrative landscape by asking interested, curious, and respectful questions which do not threaten the client's preferred view. As the disjunctiveness decreases, the therapist is better able to suggest alternative explanations--the "preferred view"--for a problem's evolution which fit how people want to be seen by others. (RJM)

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Mapping the Path to Narrative Common Ground with Couples

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Mapping the Path to Narrative Common Ground with Couples

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ABSTRACT: Psychotherapeutic work with couples typically is constrained by the difficulty of talking with two people who present distinctly contradictory stories about their life together. Narrative contributions to the psychotherapy literature have helpfully expanded current thinking about the nature of problems. While a narrative approach to problems may afford greater clinical flexibility in the tight therapeutic quarters of couples therapy, it also has been critiqued for its vagueness with regard to therapeutic direction. A specific conceptual point of reference, preferred view, is developed in the paper which lends precision to the therapist's search with the couple for narrative common ground without becoming impositional or objectifying the problem.

When Martha contacted our office seeking marital counseling, she was disgusted with her husband, John, and on the brink of ending their two year marriage. She had learned recently that John had been married twice prior to her instead of the one time he had told her. This revelation seemed to cement in Martha's mind the negative impression of John that had been growing since the birth of their daughter nine months earlier. A toll of "white lies" had been mounting steadily during that time. John forgot to tell Martha he had a phone conversation with his first wife about alimony payments; he didn't mention that the I.R.S. was about to take him to court; his promise to fix the dangerously unreliable brakes on her car was now six months old; despite John's protests that he would help more, the daily care of their baby increasingly was managed by Martha. What earlier had been impatience with John's inefficiency and lackadaisical attitude, had transformed into unbearable resentment and anger. She could only conclude that John was totally irresponsible and untrustworthy just as the other men in her life had been.

In John's initial meeting he quickly announced that he was there only because of his wife's insistence, and, with all due respect to the doctor, he didn't believe in "this therapy stuff." He admitted that things had been deteriorating between Martha and him since they were married, but now it seemed it was worse than he had imagined. He had always thought that the two of them were great with each other, talking together for hours at a time in the beginning of their relationship. Since the marriage, whenever

Martha wasn't criticizing him, she was ignoring him. He told the therapist Martha had a "hang-up about criticism." Whenever he disagreed with her in the slightest way, she would get all upset. Now he just tried to do whatever she said and not say anything himself. He was working seventy hours a week; the I.R.S., old creditors, and ex-wives were dogging his heels for money; his parents were condemning and disapproving of his marriage, and his wife had just announced she was about to leave him. It was all too much! This proud, self-made man had the appearance of a deer frozen by the headlights of an oncoming truck.

Both Martha and John were despairing about their marriage, but from widely divergent positions. The gap between their personal stories of the marriage was wide and still widening, and each was seeing the other more and more as being hopelessly unchangeable and hostile. At this stage the couple's stories are so polarized and hardened that no identifiable common ground exists in the marriage. Their only alternatives for resolution appear to be capitulation to the other's repugnant "reality" or to leave the marriage--figuratively, symptomatically, or literally.

While John and Martha's tale of clashing realities may be standard material to most couples therapists, the clinical and theoretical issues it poses are no less perplexing or challenging. How does a psychotherapist begin to promote mutually beneficial change with two people who are giving entirely contradictory accounts of their marriage which are each clear, consistent, and credible? The helpfulness of trusted therapeutic maneuvers such as

positively connoting, empowering, joining, reframing becomes strained in the face of contending stories which seem to demand that the listener choose a side with which to agree. Therapists learn the hard way that the food for one person's empowerment often becomes the poison of another's rejection.

One response to this dilemma has been a non-impositional approach to therapy which has emerged from the contributions of narrative/constructivist writers such Gergen (1985), Goolishian and Anderson (1987), White and Epston (1990), and Shotter (1991). They have maintained that problems are not objective realities to be discovered and repaired, but the creative by-product of social interaction. As Goolishian and Anderson state: "Problems are no more than a socially created reality that is sustained by behavior and coordinated in language."

The benefits of flexibility that the narrative/constructivist approaches have afforded have been tempered by criticism for being "soft" on therapeutic direction and vague on the question of what actually works in therapy to bring about change. In this paper we will present a narrative oriented approach to working with couples which offers a conceptual point of reference for the therapist and the couple in their search for marital common ground. This orienting concept, "preferred view", will be described and its role in the evolution and dissolution of problems will be mapped.

In our group practice occasional wide disparities in outcome using similar interventions with similar cases were noticed. In cases that went well the key determining factor appeared to be

whether the client's own views of self and others were taken into account in the therapist's reframing of their predicament. For example, several years ago a despondent, withdrawn wife had been greatly helped by the suggestion that her passive behavior may have been protective of her husband, who seemed fearful about intimacy. When a similar suggestion was offered to another withdrawn and depressed wife, she nearly dropped out of treatment. Further discussion with her revealed that she had interpreted the reframe to mean that the therapist believed she was malingering, just as her husband had hinted several times. The statement which was intended to empower her, only added weight to a distasteful view of herself against which she already was struggling with her husband.

In the case example that went well, the wife did feel empowered by the therapist's frame because her being "protective" seemed simply to be an extension of her normally caring self - a way in which she preferred to be seen. The therapist's frame fit with how the client wished to see herself, so it felt helpful. In the second case the therapist's frame only amplified an already unwelcome view the client had been resisting, so it was experienced as hurtful. Repeated examples such as these underscored for us the importance of talking with clients with an appreciation for how they wish to be seen, or what we called their "preferred view."

An application of the concept of preferred view to Martha and John's situation hopefully will illustrate how problems of such a conflictual nature evolve with two essentially caring, well-meaning people. We begin with the premise of many strategic family

therapists (Weakland, Fisch, Watzlawick, and Boden, 1974; Haley, 1973) that problems develop from the mishandling of ordinary life difficulties, which usually occur at key transition points in the life cycle. At these transition points, not only may people begin to act differently, but their views of self and spouse become more fluid and unsettled. Martha and John's problems intensified when he lost his business and following the birth of their daughter. John, perhaps sensing a vague challenge to his preferred view as his business failed, adjusts his behavior to compensate for this perceived challenge (i.e., he becomes more secretive). Martha is uncertain of the meaning of this new behavior of her husband's. In order to preserve her preferred way of seeing herself, she makes a reciprocal adjustment (takes more things into her own hands; relies on herself more). John notices Martha treating him differently and becomes concerned that her view of him now contradicts his preferred view. He becomes concerned that she sees him as a ne'er-do-well, as the spitting image of her previous partners. This contradiction or "disjunction" further tightens the noose of John's dissonant self perceptions, intensifies his need to persist with the new, corrective actions, and results in even greater secrecy and withdrawal. Martha, in turn, compensates further.

As the couple's competing attempts to address their disjunctive perspectives continue to fail, a problem cycle begins to churn with such mounting emotional force that views of self and other become increasingly fixed and actions more and more restricted. In this vortex of dueling disjunctions each person is blocked from being

who they wish to be by their intimate other's jaundiced vision. Narrative common ground is obscured and fight or flight appear to be the only behavioral alternatives available to Martha and John.

It has been our experience that an understanding of a problem's evolution, like the one above, informs the strategy for its resolution. Generally, Anderson and Goolishian's "not knowing" position (Anderson and Goolishian, 1992) - i.e. interested, curious, and respectful of the clients' exclusive understanding about their own experiences - is particularly well suited to gathering this information without threatening clients' preferred views. For example, John's resistance to therapy quickly evaporated when he recognized that the therapist was much more curious than critical about his opinions. While obtaining the couple's stories, however, the therapist also attempts to punctuate key stories which align with preferred views and contradict disjunctive views. John's having successfully managed several businesses in the past was inconsistent with Martha's view of him as incompetent and irresponsible; Martha voluntarily handling the finances for John's last business hardly suggested someone who didn't care about her husband. As the therapist repeatedly highlights these real and significant events which are consistent with preferred views, a gradual relaxation of the disjunctive knots begins to occur. Within this expanded narrative landscape, the therapist is better able to suggest alternative explanations for the problem's evolution which fit with how people want to be seen by others and inspires new action.

In Martha and John's therapy, following several disjunction softening sessions, the therapist facilitated a critical shift in how the problems in the marriage were to be considered. He first noted how each of them had independently admitted that they still loved their partner. This led him to wonder out loud, "How a love that was able to survive so much turmoil could have gotten so off track?" This type of question suggests a point of common ground strongly consistent with each one's preferred view and invites the couple to struggle with their problems from that common place rather than from points of opposition.

Now Martha was able to hear the therapist's comments that her coldness reflected her caring too much and her only way to stop herself from over-managing her husband's affairs. John began to recognize how unlike his confident, take-action business self he had become around Martha. Within this less disjunctive context, the therapist and couple were able to enumerate the various influences on the marriage which eroded trust and satisfying contact with each other. Common ground became more visible, and the couple's efforts became focused on reaching it rather than adding to their lists of defensive self justifications. Problem dissolving behavior followed. John became more open in his dealings with Martha and initiatied responsible action; Martha softened in her approach to John, and relaxed her overresponsible initiatives. Long talks and lovemaking reemerged.

In the polarized world of couples therapy, it is our belief that treatment can become just as compromised by vague excursions

into relativity as well as by overly objectified ways of knowing and intervening. In this paper we have introduced a concept, preferred view, which lends form to the narrative map while also suggesting a malleable way of thinking about problems and their solutions. It has been our intent to communicate a way of working with couples which reflects a precision in therapeutic direction as well as a respectfulness for the stories our clients have to tell us about their lives in our collaborative search for narrative common ground.

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